

STANDARDS OF CARE

LANGUAGE SERVICES

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SERVICE INTRODUCTION

Language services provided under contract with the Los Angeles County Office of AIDS Programs and Policy include:

- Healthcare interpreter training (offered to agencies with bilingual staff who will function as interpreters)
- Language translation of documents
- Sign language interpretation for clients

All services must be provided in accordance with published standards of care and ethical standards. The importance of maintaining confidentiality is critical and cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Several themes reoccur throughout this Standard:

- Every effort should be made to provide care to limited English proficient (LEP) minorities and deaf or hard of hearing people living with HIV in their primary language
- Language services should focus on helping aid in the access, utilization, retention and adherence of LEP minorities and deaf or hard of hearing people living with HIV to primary medical and healthcare services
- The ethical standards of confidentiality, accuracy, impartiality and cultural responsiveness are of critical importance when providing language services
- Persons providing language services must be well trained and oriented to provide interpretation and translation services to people living with HIV. Ongoing training and education are necessary to maintain appropriate skill levels.

The Los Angeles County Commission on HIV and Office of AIDS Program and Policy have developed this Standard of Care in order to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the county. A draft of this Standard has been reviewed by an expert panel, consisting of leading providers and administrators in the field, as well as actual consumers of the service. A final draft of this Standard will be presented to the Commission on HIV and open for a three-week Public Comment period.

This draft represents a synthesis of available standards and documents. The key source documents included:

- *Language Services – Interpreter Training Contract Exhibit*, Office of AIDS Programs and Policy
- *Language Services –Language Translation Contract Exhibit*, Office of AIDS Programs and Policy

- *Language Services – Sign Language Interpretation Contract Exhibit*, Office of AIDS Programs and Policy
- *California Standards for Healthcare Interpreters*, California Healthcare Interpreting Association, 2002
- *Standard Practices Paper*, Registry of Interpreters for the Deaf, 2002
- *Cultural and Linguistic Competency Standards*, Department of Health Services, Los Angeles County, 2003

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All language services shall be provided in accordance with procedures formulated and adopted by contracted programs. Programs will comply with all applicable federal, State, County and local laws and regulations governing the provision of language services as they currently exist or shall exist at any future time.

Healthcare Interpreter Training and Certification Programs: Programs providing healthcare interpreter training and Office of AIDS Programs and Policy (OAPP) certification shall follow Los Angeles County Cultural and Linguistic Competency Standards, California Standards for Healthcare Interpreters (developed by California Healthcare Interpreters Association (CHIA)) and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care when developing and updating curricula.

Language Translation: Programs shall ensure that contractors who provide translation services maintain a proficiency level equivalent to the proficiency level set by the American Translators Association.

Sign Language Interpretation: Programs shall utilize interpreters certified by the Registry of Interpreters for the Deaf (RID) at a minimum level of Certificate of Interpretation and Transliteration (CI/CT), by the American Consortium of Certified Interpreters (ACCI) at a minimum of Level IV (Above Average Performance), or the National Association of Deaf Interpreters (NAD) at a minimum of Level IV.

DEFINITIONS AND DESCRIPTIONS

American Sign Language (ASL) is a manual language with its own syntax and grammar, used primarily by people who are deaf.

Contractor is a person or agency contracting with service provider agencies to perform LTS or SLIS.

Healthcare interpreter training services (HITS) are designed to train bilingual staff of AIDS Service Organizations contracting with OAPP to facilitate and support monolingual or limited English proficient (LEP) clients living with HIV in access, utilization, retention and adherence to primary medical and health care services.

Language translation services (LTS) provide translated materials of key documents to AIDS Service Organizations (ASOs) contracted with OAPP. LTS are designed to facilitate and support monolingual or LEP clients living with HIV in access, utilization, retention and adherence to primary medical and health care services.

Sign language interpretation services (SLIS) are interpretation services in American Sign Language (ASL) for deaf and/or hard of hearing people living with HIV (and their immediate families) who require special assistance in accessing HIV/AIDS services.

HOW SERVICE RELATES TO HIV

There are currently over 20,000 people known to be living with AIDS in Los Angeles County. It is estimated that over 54,000 are infected with HIV. Los Angeles County comprises 35% of the total AIDS cases in the state of California (Los Angeles County, HIV Epidemiology Program, 2005). At the present time, 39% of the total number of people living with AIDS in the county are Hispanic and three percent are Asian/Pacific Islanders. Almost half of the households in Los Angeles County speak a language other than English while at home (Los Angeles County, Department of Health Services, 2003).

In the United States, LEP patients are less likely to receive appropriate care; less likely to understand doctors' care directives; and more likely to experience medical errors. These same patients experience a reduced quality of care; are more likely to receive unethical care; and are less satisfied with care in general (Los Angeles County, Department of Health Services, 2003).

A recent survey commissioned by the Robert Wood Johnson Foundation found that a significant number of Spanish speaking Latinos report that they do not seek medical care due to language barriers (Wirthlin Worldwide, 2001). Furthermore, while 94% of medical providers reported that communication is a top priority, only one percent used trained interpreters in their treatment settings (51% enlisted Spanish-speaking staff, including clerical and maintenance workers; 29% relied upon family members or friends of the patient). Patients report that these practices often leave them feeling embarrassed, under-informed and concerned that their privacy has been violated (Wirthlin Worldwide, 2001).

In general, research demonstrates that culturally and linguistically competent services help to decrease medical errors, increase satisfaction with care, improve primary and preventative care, and improve communication between medical staff and patients (Los Angeles County, Department of Health Services, 2003).

Deaf or Hard of Hearing

Approximately seven percent of the population experiences some measure of hearing disability (Van Oyen, Tafforeau & Demarest, 2001). Deaf or hard of hearing people living with HIV face many of the same barriers to receiving medical care as LEP clients. In fact, pre-lingually deafened adults utilize healthcare in a pattern similar to LEP patients (fewer physician visits and less likely to have visited a physician in the past 2 years) (Barnett & Franks, 2002).

A small study of deaf gay men (Mallinson, 2004) describes these patients as "living at the intersection of multiple communities – the deaf, gay, and hearing – each characterized by unique communication styles, cultural expectations and a propensity to marginalize outsiders" (p. 27). Participants in this study perceived medical

providers as lacking compassion and ignorant to the needs of deaf persons. Printed HIV materials were considered by them culturally inappropriate, difficult to comprehend and ineffective.

SERVICE COMPONENTS

HIV/AIDS language services in Los Angeles County are comprised of three distinct types of programs:

- Healthcare interpreter training
- Language translation
- Sign language interpretation

HEALTHCARE INTERPRETATION TRAINING

Healthcare Interpreter Training Services (HITS) are designed to effectively train ASO staff with demonstrated bilingual proficiency to facilitate and support monolingual or (LEP) clients living with HIV in access, utilization, retention and adherence to primary medical and health care services. HITS are provided to bilingual staff of Office of AIDS Programs and Policy funded programs that serve medically indigent people living with HIV who reside in Los Angeles County.

Components – Healthcare Interpreter Training

Programs providing HITS will:

- Develop and update a comprehensive curriculum for Healthcare Interpreter Training and OAPP certification following the Los Angeles County Cultural and Linguistic Competency Standards, California Standards for Healthcare Interpreters and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- Provide healthcare interpretation training to bilingual staff of OAPP contracted agencies
- Establish formal linkages with agencies that will receive healthcare interpreter training
- Provide ongoing, refresher training
- Develop and maintain a database of trained healthcare interpreters
- Conduct outreach designed to educate AIDS service organizations about the importance of training staff to provide linguistically and culturally competent interpretation services
- Promote the availability and access of HITS countywide and educating staff and clients on how to access this service

Curricula – Healthcare Interpretation Training

Each HITS curriculum will be at least 40 hours in length and will include the following topics (at minimum):

- Basic interpreting skills
- Managing the flow of the session
- Roles and ethics
- HIPAA orientation and regulations
- Legal issues on language rights
- Orientation to commonly used forms and documents
- Medical terminology
- Negotiating the HIV care system
- Impact of culture on the medical encounter
- Professional development, conduct and effective communication

STANDARD	MEASURE
<p>Programs will develop and update a comprehensive curriculum for Healthcare Interpreter Training and OAPP certification that follows:</p> <ul style="list-style-type: none"> • Los Angeles County Cultural and Linguistic Competency Standards • California Standards for Healthcare Interpreters • National Standards for Culturally and Linguistically Appropriate Services in Health Care and • National Standards for Healthcare Interpreters formulated by the National Council for Interpreting in Health Care (NCIHC) 	<p>Curriculum on file at provider agency that (at minimum) will include the following topics:</p> <ul style="list-style-type: none"> • Basic interpreting skills • Managing the flow of the session • Roles and ethics • HIPAA orientation and regulations • Legal issues on language rights • Orientation to commonly used forms and documents • Medical terminology • Negotiating the HIV care system • Impact of culture • Professional development, conduct and effective communication
Bilingual staff will receive healthcare interpretation training utilizing standard curriculum	Program records to detail names of bilingual staff trained, language and proficiency
Programs will establish formal linkages with agencies that will receive healthcare interpreter training	Memoranda of Understanding on file at provider agencies
Programs will provide ongoing, refresher training utilizing standard curriculum	Ongoing post refresher training curriculum on file at provider agency and records of individuals receiving

	refresher training
Programs will conduct outreach and promote the availability and access of HITS countywide	Outreach/promotion plan on file at provider agency

Protocols – Healthcare Interpretation Training

HITS curricula will also include standardized interpreting protocols as outlined by the California Healthcare Interpreting Association briefly summarized below:

Protocol 1 – Pre-Encounter

- Introduce parties and organizational affiliation
- Reinforce confidentiality for all parties
- Inform parties of necessary elements for smooth interpretation including interpreting everything spoken by either party, importance of direct address between patient and provider, necessity of pauses to allow for interpreting

Protocol 2 – During the Encounter

- Encourage direct communication between patient and provider
- Use first person as standard form of interpreting (unless its use causes confusion or is culturally inappropriate for either party)
- Pay attention to cues that may indicate confusion or lack of understanding
- Ask for clarification when needed

Protocol 3 – Post-Encounter

- Ask for questions or concerns from all parties
- Facilitate scheduling of follow-up appointments
- Document interpreter services in client chart or available IS program as appropriate

STANDARD	MEASURE
Interpreter training curriculum will include protocols set forth by California Healthcare Interpreting Association	Curriculum on file at provider agency to include protocols.

Program Records – Healthcare Interpretation Services

Each program will maintain the following records:

- Documentation of each training session including:
 - Organization name, address
 - Date of training session
 - Topics covered
 - Number of agency staff attending
 - Names of individuals receiving training and their professional affiliations
 - Name, title and qualifications of person(s) providing training
 - Evaluation results and/or pre-post test result
- Documentation of formal linkages with agencies that receive trainings
- Documentation of training for each healthcare interpreter trainer in all relevant areas as required by law, regulations and/or guidelines governing the State and County including: cultural sensitivity, HIV/AIDS issues, and the populations most impacted by HIV. Documentation of these trainings will include:
 - Name of training
 - Sponsor of training
 - Training agenda and materials
 - Date, time and location of training

STANDARD	MEASURE
Programs will document each interpreter training session	Documentation of each training session on file at provider agency that includes: <ul style="list-style-type: none">• Organization name, address• Date of training session• Topics covered• Number of agency staff attending• Names of individuals receiving training and professional affiliations• Name, title and qualifications of person(s) providing training• Evaluation results and/or pre-post test result
Programs will document formal linkages with agencies that receive training	Memoranda of Understanding on file at provider agency
Programs will document trainings attended by interpreters (including, but	Documentation of these trainings on file at provider agency to include:

not limited to: <ul style="list-style-type: none"> • Cultural sensitivity • HIV/AIDS issues • Populations most impacted by HIV 	<ul style="list-style-type: none"> • Name and sponsor of training • Training agenda and materials • Date, time and location of training
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LANGUAGE TRANSLATION

Contractors who provide language translation services (LTS) will provide translated materials of key documents to AIDS Service Organizations (ASOs) in Los Angeles County, as needed or requested. LTS are designed to facilitate and support monolingual or LEP clients living with HIV in access, utilization, retention and adherence to primary medical and health care services. Documents will be translated to ensure a readability level no greater than the source document and at approximately a 6th grade level. Services will be provided by a contractor who translates written English to non-English threshold languages. Programs will develop an algorithm to ensure the quality of the translated document utilizing back translation or secondary review. All contractors engaged to provide translation services will maintain a proficiency level that meets the standards set by the American Translators Association.

Components – Language Translation Services

LTS will include (but not be limited to):

- Promoting translation services to ASOs
- Providing translation of key documents to OAPP contracted organizations within a pre-negotiated time period.

STANDARD	MEASURE
Contractors who provide language translation services will provide translation of key documents that support monolingual or LEP clients living with HIV in access, utilization, retention and adherence to primary medical and health care services.	Translated documents on file at provider agency to demonstrate these objectives.
Contractors who provide translation services will maintain proficiency level meeting American Translators Association standards	Contractor resumes and qualifications on file at provider agency
Programs will promote translation services to AIDS service organizations	Promotion plan on file at provider agency
Translations will be completed within agreed upon time period	Written agreements detailing document to be translated and timeline on file at provider agency
Programs will develop an algorithm to ensure quality of translated document utilizing back translation or secondary review	Written translation quality policy on file at provider agency

Program Records – Language Translation Services

Programs providing LTS will maintain records that include (but are not limited to) the following:

- Requesting agency's name, address and phone number
- Name or description of the materials to be translated
- Number of words
- Number of pages
- Contractor's name
- Time spent in translation per document

STANDARD	MEASURE
Provider agency will maintain program records for language translation services	Records on file at provider agency that include (but are not limited to) the following: <ul style="list-style-type: none"> • Requesting agency's name, address and phone number • Name or description of the materials to be translated • Number of words • Number of pages

	<ul style="list-style-type: none"> • Contractor's name • Time spent in translation per document
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SIGN LANGUAGE INTERPRETATION

Sign language interpretation services (SLIS) are those services provided to deaf and/or hard of hearing people living with HIV (and eligible family members) who require special assistance in accessing HIV/AIDS services. Family will be broadly defined to include any individual affected by HIV disease through their relationship and shared household with a person living with HIV.

SLIS services will be provided by a qualified interpreter who is able to communicate fluently in American Sign Language (ASL). All people providing sign language interpretation services will maintain and hold in good standing certification by the Registry of Interpreters for the Deaf (RID), the American Consortium of Certified Interpreters (ACCI), or the National Association of the Deaf (NAD).

Recipients of these services will be medically indigent (uninsured and/or ineligible for health care coverage) individuals living with HIV and eligible family members residing in Los Angeles County. Also covered will be those deaf and/or hard of hearing people who are being tested for HIV at a Los Angeles County testing site.

Components – Sign Language Interpretation

Sign language interpretation services will include (but not be limited to):

- Promoting the availability of interpreter services
 - Update and mail information packet to ASOs
 - Maintain documentation of packet recipients
- Providing interpretation services to deaf and/or hard of hearing individuals and their families to allow access to HIV/AIDS services
- Confirming appointments with clients at least 24 hours in advance.
 - Document confirmation
 - Make reasonable attempts to cancel services
- Establishing and maintaining an active pool of HIV/AIDS trained interpreters

STANDARD	MEASURE
SLIS will be provided by qualified interpreters able to communicate fluently in ASL and certified by the Registry of Interpreters for the Deaf, the American Consortium of Certified Interpreters or the National Association of the Deaf	Interpreters' resumes and qualifications on file at provider agency
Recipients of SLIS will be: <ul style="list-style-type: none"> • Medically indigent deaf and/or hard of hearing individuals living with HIV • Eligible family members residing in Los Angeles County • Deaf and/or hard of hearing people being tested for HIV at a Los Angeles County testing site 	Client intake detailing eligibility information on file at provider agency
SLIS will promoting the availability of interpreter services	Promotion plan, materials and documentation of recipients on file at provider agency
Interpreters will provide SLIS to deaf and/or hard of hearing individuals and their families to allow access to HIV/AIDS services	Client files to detail purpose for interpretation services
Programs will confirm appointments at least 24 hours in advance	Client files to detail confirmation calls
Programs will maintain an active pool of HIV/AIDS trained interpreters	List of active HIV/AIDS-trained interpreters on file at provider agency

Program Records – Sign Language Interpretation

Programs providing SLIS will maintain client files that will include (but not be limited to) the following:

- Documentation of number of interpretation hours
- Date, location, source of request and type of service
- Intake form
- Client identification number
- Case manager name, address, and telephone number
- Name of interpreter providing services
- Next appointment and confirmation follow-up information

In addition, SLIS programs will maintain documentation of each interpreter's certification level and hourly pay scale.

STANDARD	MEASURE
Programs will maintain client files for sign language interpretation services	Client files at provider agency that include (but are not limited to) the following: <ul style="list-style-type: none"> • Documentation of number of interpretation hours • Date, location, source of request and type of service • Intake form • Client identification number • Case manager name, address, and telephone number • Name of interpreter providing services • Next appointment and confirmation follow-up information
SLIS programs will maintain documentation of each interpreter's certification level and hourly pay scale	Employee/consultant file to document

CLIENT INTAKE

Client intake is required for all clients who request or are referred to HIV services. The intake determines eligibility and includes, at minimum, demographic, emergency contact, and eligibility documentation. The intake process also acquaints the client with the range of services offered and determines the client's interest in such services. Client intake must be completed in the first contact with the potential client to ensure eligibility. (See Exhibit 1 in LINKAGES AND TOOLS for a sample Intake form.)

Required Forms: Programs must develop the following forms in accordance with state and local guidelines. Completed forms are required for each client:

- Release of Information, as needed. Release of Information forms must be updated annually and will detail the specific person/s or agencies to which information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information. (Specification should indicate the type of information that can be released.)
- Limits of Confidentiality
- Consent to Receive Services (See Exhibit 2 in LINKAGES AND TOOLS for a sample Consent form.)
- Client Rights and Responsibilities

- Client Grievance Procedures

Eligibility: Develop and implement client eligibility requirements that give priority to clients living at or below 100% of poverty level and with the greatest health and service need. Clients who live above 100% of poverty level are also be eligible for services, depending upon the threshold for eligibility determined by the Commission's annual priority and allocation decisions. Clients' annual medical and healthcare expenses are considered deductions against income for purposes of determining their income level. All clients must document their HIV status (or caretaker status) and must show proof of residency in Los Angeles County to be eligible for services. For specific eligibility requirements, refer to the Commission's most recently approved annual HIV/AIDS Service Eligibility Guidelines.

STANDARD	MEASURE
Intake process is begun during first contact with client	Intake tool is completed and placed in client file
Eligibility for services is determined	Client's file includes: <ul style="list-style-type: none"> • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence
Confidentiality policy and Release of Information is discussed and completed	Release of Information signed and dated by client on file and updated annually.
Consent for Services completed	Signed and dated Consent in client file
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file

OUTCOMES AND MEASURABLE INDICATORS

Outcome A: Efficacy of Healthcare Interpreter Training Services

Measurable Performance Indicators:

1. Percent of trainees report increased ability to perform interpreter services as a result of training.
Baseline Benchmark: still to be determined
2. Percent of trainees are able to pass an exit exam at the conclusion of training.
Baseline Benchmark: still to be determined

Outcome B: Satisfaction with SLIS

Measurable Performance Indicator:

1. Percent of clients report satisfaction with availability and quality of interpreter services they received.
Baseline Benchmark: 90% of clients

Outcome C: Timeliness of Translation

Measurable Performance Indicator:

1. Percent of agencies that report translated documents are returned within contract required times (30 days unless otherwise negotiated between contractors).
Baseline Benchmark: still to be determined

STAFFING REQUIREMENTS AND QUALIFICATIONS

GENERAL REQUIREMENTS

All persons providing language services will possess the ability to provide age and culturally appropriate services to clients infected with and affected by HIV. All HITS trainers and contractors providing interpretation and translation services will participate in program orientation and HIV specific training before providing training or interpretation and translation services.

Additionally, HITS trainers and contractors engaged to provide interpretation and translation services should have training and experience with HIV/AIDS related issues and concerns. Continuing education and training on issues related to translation/interpretation services and HIV are recommended on a quarterly basis. At a minimum, HITS trainers and contractors who provide interpretation and translation services for people with HIV should possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Adherence to medication regimes
- HIV/AIDS legal and ethical issues

STANDARD	MEASURE
All persons providing language services will possess the ability to provide developmentally and culturally appropriate services to clients infected with and affected by HIV	Staff resumes and qualifications on file at provider agency
HITS trainers and contractors providing interpretation and translation services will participate in program orientation and HIV specific training before providing training or interpretation and translation services	Documentation of orientation/training on file at provider agency
Contractors who provide translation and interpretation services should possess knowledge about the following (at minimum): <ul style="list-style-type: none">• HIV disease process and current medical treatments• Psychosocial issues related to HIV/AIDS• Cultural issues related to communities affected by	Staff resumes, qualifications and documentation of trainings on file at provider agency

HIV/AIDS <ul style="list-style-type: none"> • Adherence to medication regimes • HIV/AIDS legal and ethical issues 	
HITS trainers and contractors providing interpretation and translation services are recommended to participate in continuing education and training on issues related to translation/interpretation services and HIV on a quarterly basis.	Documentation of orientation/training on file at provider agency

HEALTHCARE INTERPRETER TRAINING SERVICES

It is recommended that each HITS trainer should have personal experience working as an interpreter for a minimum of six months. In the event that a HITS trainer has not had six months experience as an interpreter, s/he should provide HITS training in tandem with someone who has had such experience. Required training for this service will consist of all relevant areas of healthcare interpreting as required by any law, regulation or guideline governing the State and County including (but not limited to):

- Cultural sensitivity training
- HIV/AIDS issues
- Populations impacted most by HIV

STANDARD	MEASURE
Each HITS trainer should have a minimum of six months interpreting experience or provide HITS training in tandem with someone who has had such experience	Trainer's resume to document experience. Staff plan to document trainer pairing
In addition to general requirements, HITS training will consist of all relevant areas of healthcare interpreting as required by any law, regulation or guideline governing the State and County including: <ul style="list-style-type: none"> • Cultural sensitivity training • HIV/AIDS issues • Populations impacted most by HIV 	Documentation of training on file at provider agency

LANGUAGE TRANSLATION SERVICES

All contractors providing translation services will maintain a proficiency level that equivalent to the standards set by the American Translators Association whose Code of Professional Conduct requires the following components to maintain excellence:

- Mastery of the target language equivalent to that of an educated native speaker
- Up-to-date knowledge of the subject material and its terminology in both languages
- Access to information resources and reference materials, and knowledge of the tools of the profession
- Continuing efforts to improve, broaden, and deepen skills and knowledge.

In addition, contractors providing translation services will demonstrate competence in healthcare translation and be trained on specific topics including (but not limited to):

- Healthcare literacy
- Cultural competence
- Other relevant cultural and linguistic topics

STANDARD	MEASURE
Contractors providing translation services will maintain a proficiency level that meets standards set by the American Translators Association including: <ul style="list-style-type: none">• Mastery of the target language• Up-to-date knowledge of the subject material and its terminology• Access to information resources and reference materials• Continuing efforts to improve skills and knowledge	Staff resumes and qualifications on file at the provider agency. Program manager to monitor quality of performance
In addition to the general requirements, contractors providing translation services will demonstrate competence in medical translation and will be trained on specific topics including (but not limited to): <ul style="list-style-type: none">• Healthcare literacy• Cultural competence	Documentation of training on file at provider agency

- | | |
|---|--|
| <ul style="list-style-type: none"> • Other relevant cultural and linguistic topics | |
|---|--|

SIGN LANGUAGE INTERPRETATION SERVICES

Qualified sign language interpreters should be able to communicate fluently in American Sign Language. All people providing sign language interpretation services will maintain and hold in good standing certification by at least one of the following:

- **The Registry of Interpreters for the Deaf (RID)** at a minimum level of Certificate of Interpretation and Transliteration (demonstrates ability to interpret and transliterate between American Sign Language and spoken English in both sign-to-voice and voice-to-sign)
- **The American Consortium of Certified Interpreters (ACCI)** at a minimum of Level IV – Above Average Performance (demonstrates performance is consistent and accurate, fluency is smooth, and the interpreter is competent and able to interpret in any situation.
- **The National Association of the Deaf (NAD)** at a minimum of Level IV

In addition, sign language interpreters will be trained on specific topics including (but not limited to):

- Healthcare literacy
- Cultural competence
- The Americans with Disabilities Act
- Other relevant cultural and linguistic topics

Finally, all contractors providing direct interpretation services must abide by ethical standards as outlined by their respective professional associations. Included among these standards are:

- Confidentiality -- all assignment-related information is strictly confidential
- Accuracy and completeness -- messages shall be delivered faithfully, conveying the content and spirit of the speaker's words
- Impartiality – interpreters will not counsel, advise or interject personal opinions
- Scope of practice -- assignments shall be accepted using discretion regarding the skill, setting and consumers involved
- Preparedness – interpreters will strive to further knowledge and skills through trainings, interaction with colleagues and reading current literature in the field

- Cultural responsiveness – interpreters will work to understand how diversity and culture impact healthcare encounters

STANDARD	MEASURE
Qualified sign language interpreters will possess the ability to communicate fluently in American Sign Language	Staff resumes and qualifications on file at the provider agency. Program manager to monitor quality of performance
<p>Interpreters will maintain and hold in good standing certification by one of the following:</p> <ul style="list-style-type: none"> • The Registry of Interpreters for the Deaf (RID) at a minimum level of Certificate of Interpretation and Transliteration • The American Consortium of Certified Interpreters (ACCI) at a minimum of Level IV – Above Average Performance • The National Association of the Deaf (NAD) at a minimum of Level IV 	Certification on file at provider agency
<p>In addition to general requirements, contractors who provide sign language interpretation will be trained on specific topics including (but not limited to):</p> <ul style="list-style-type: none"> • Healthcare literacy • Cultural competence • The Americans with Disabilities Act • Other relevant cultural and linguistic topics 	Documentation of training on file at provider agency
<p>Contractors engaged to provide interpretation services must abide by ethical standards outlined by their respective professional associations including (but not limited to):</p> <ul style="list-style-type: none"> • Confidentiality • Accuracy and completeness • Impartiality • Scope of practice • Preparedness • Cultural responsiveness 	Program manager to monitor ethical practice

SERVICE UNITS

HEALTHCARE INTERPRETER TRAINING:

Unit of Service: Units of service are defined as the number of interpreter training hours provided by a program.

Healthcare Interpretation Training and Certification Units – Calculated in hour-long increments per training

Number of Trainees: Trainee numbers are calculated using figures for unduplicated trainees in a given contract period.

LANGUAGE TRANSLATION:

Unit of Service: Units of service are defined as the number of words (or documents) translated.

Healthcare Related Document Translation Units – Calculated in number of words or documents translated.

SIGN LANGUAGE INTERPRETATION:

Unit of Service: Units of services are defined as the number of service hours provided in sign language interpretation.

ASL Interpretation Units --- Calculated in number of service hours providing interpretation.

Number of Clients: Client numbers are calculated using figures for unduplicated clients in a given contract period.

CONTINUOUS QUALITY IMPROVEMENT

All programs should have in place a written Quality Management (QM) plan. This plan will describe the process for continuous assessment of the program's effectiveness in meeting its mission, goals and objectives. Programs will implement the QM plan to ensure the quality of services provided are assessed and improved on a continuous basis. The following components will be included in the QM plan:

Quality Management Committee: The QM Committee is responsible for developing, reviewing and revising the program's QM plan on an annual basis. Additionally, the Committee has the responsibility to continually assess and make recommendations for the improvement of program services. The Committee charge includes the review of client feedback and process and outcome data results, as well as the development of plans of corrective action for identified program deficiencies. Additionally, the Committee will discuss and advocate for improvements in linguistic access for LEP and hard of hearing or deaf clients. The Committee shall consist of clients, volunteers, program staff, management, consultants and representatives from other community organizations. The membership of the Committee should be representative of the program and the community it serves. In the event this Committee performs chart reviews as a quality improvement function, all non-staff members should be excluded from this activity, to ensure HIPAA compliance and client confidentiality.

Written Policies and Procedures: The QM plan will describe the process for reviewing and modifying written policies and procedures that will be reviewed at a minimum of once a year.

Client Feedback: The QM plan shall include a mechanism for gathering ongoing feedback from program participants regarding program effectiveness, accessibility and client satisfaction. This feedback can be gathered from satisfaction surveys, focus groups, interviews or other methods at a minimum of every six months. The feedback gathered from these methods will then be used to make improvements in the services. Client input should be gathered and facilitated in their preferred language.

Program Staff: The QM plan will describe the process for developing, training and monitoring staff performance. Staff will be evaluated annually.

Measurable Program/Service Process Outcome Indicators: The QM plan will include a description of indicators to measure program process and outcome. For details of this procedure, please see the OUTCOMES AND MEASUREABLE INDICATORS section of this document.

STANDARD	MEASURE
Programs shall develop a Quality Management Plan to continuously assess whether a program is meeting its mission, goals and objectives	Quality Management Plan on file in provider agency
Provider agencies shall form a Quality Management Committee, responsible for developing, reviewing and revising the Quality Management Plan. The Committee solicits and reviews client feedback and outcome data, as well as develops plans for corrective action for program deficiencies.	The Committee shall consist of clients, volunteers, program staff, management, consultants and representatives from other community organizations. Documentation of Committee meetings on file at the provider agency.
Programs shall review written policies and procedures at least once a year	Quality Management Plan to detail process of this review
Programs will gather feedback from program participants regarding program effectiveness, accessibility and client satisfaction at least once every six months	Quality Management Plan to detail process for gathering participant feedback which may include: <ul style="list-style-type: none"> • Satisfaction surveys • Focus groups • Interviews
Programs will have in place a procedure to develop, train and monitor staff performance. Staff will be evaluated annually.	Quality Management Plan to detail procedures. Staff reviews will be on file.
Programs will develop indicators to measure program process and outcome.	Quality Management Plan to detail indicators and process

PROGRAM REQUIREMENTS AND GUIDELINES

Agencies providing language services must have written policies that address confidentiality, release of information, client rights and responsibilities, universal precautions, eligibility and client grievances.

Confidentiality protects information about a client's HIV status, risk factors and use of services. A **Release of Information Form** describes the situations under which a client's information can be released and includes the name of the agency with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. A release of information can be rescinded verbally or in writing at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure authorization.

Funded providers are expected to post and provide to each consumer the **Patient's Bill of Rights** developed by the Los Angeles County Commission on HIV (which outlines a client's/patient's right to:

- respectful treatment;
- competent, high quality care;
- be part of the decision making process;
- confidentiality and privacy; and
- billing information and assistance.

In addition, the Patient's Bill of rights outlines the client/patient responsibilities as a service consumer. Programs are welcome to develop their own Bill of Rights as long as the Commission on HIV Bill is used as a minimum standard. A copy of the Commission on HIV Patient's Bill of Rights is found as Exhibit 3 in LINKAGES AND TOOLS.

A **grievance procedure** details a procedure for clients to voice their concerns about unfair treatment or the quality of services they are receiving. Grievance procedures should detail the steps a client can follow to file a grievance and how the grievance will be handled within the agency. Included in the procedure should be steps for client appeal.

STANDARD	MEASURE
Programs will develop and enforce client confidentiality policy	Written policy on file
Programs will develop and enforce client grievance policy	Written policy on file and posted in a visible location
Programs shall post and provide each client with a Patients' Bill of Rights	Copy of Commission on HIV Patient's Bill of Rights (or program's specific Bill) on file and posted in a visible location. Each client file to note that Bill of

	Rights has been provided.
Agency develops and enforces written eligibility requirements for services	Written policy on file
Agency develops and enforces policy for obtaining client consent	Client consent form on file
Client records are stored in secure and confidential location	Records stored in locked file cabinet, or room with limited access
Agency has written policies which address the following: <ul style="list-style-type: none"> • Physical plant safety • Medical/health care • Infection control and transmission risk management • Crisis management • Personnel • Risk assessment and response • Service planning • Documentation • Client/Guardian rights and responsibilities • Client discharge and transition 	Written policies on file

LINKAGES

In certain cases, clients will require additional services a given agency is unable to provide. It is incumbent upon provider agencies to develop mechanisms and referral sources to make available the full range of additional services to meet the needs of their clients. Also vital is the coordination of client care with primary care medical clinics. Developing mechanisms that ensure contact with a client's primary care clinic will ensure integration of services and better client care.

STANDARD	MEASURE
Provider agencies develop and provide referrals for full range of services	Memoranda of Understanding with additional providers on file
Special effort will be made to develop feedback mechanisms with primary care medical clinics to ensure integration of service and better client care	Memoranda of Understanding with primary medical clinics on file

PROGRAM SAFETY

Services must be provided in settings that meet federal, state and local requirements. Such requirements ensure the well-being and safety of clients and staff. Facilities should be easily accessible by all, clean, comfortable and free of hazards.

STANDARD	MEASURE
Program promotes and practices Universal Precautions	Written policy on file
Program is Americans with Disabilities Act (ADA) compliant for physical accessibility	Signed confirmation on file
Program has developed and enforces policy for health and safety related incidents.	Written policy, reviewed by all staff, on file
Agency complies with all required federal, state and local safety regulations (includes OSHA)	Signed confirmation, as needed, on file

CULTURAL AND LINGUISTIC COMPETENCE

All providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all people living with HIV. Culturally and linguistically appropriate services:

- Respect, relate and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served
- Recognize the significant power differential between provider and client, member of the dominant culture vs. minority, and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Important in the development of cultural and linguistic competence is the ability to acknowledge one's personal limits in cultural and linguistic competence, and the willingness to treat one's client as the expert on their culture and relation to it. The National Standards for Culturally and Linguistically Appropriate Services in Health Care (<http://www.clas-sd.org/about.htm>) provide further valuable guidance in creating culturally and linguistically competent services.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the cultural and linguistic	Programs have a written strategy on file

diversity of the community served	
All staff (including administrative staff) will receive ongoing training to build cultural and linguistic competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
All programs will ensure access to services for LEP clients	Programs will ensure through: <ul style="list-style-type: none"> • Bilingual staff • Face to face interpretation provided by qualified staff or volunteers • Telephone interpretation services for emergency needs • Referral to bilingual/bicultural programs
Clients' family and friends will not be considered as ongoing interpreters because of confidentiality and medical terminology limitations. If a client chooses to use family or a friend as their interpreter, the provider must obtain consent. It is preferred that children under 18 not serve as interpreters.	If used, family/friend interpretation consent form signed by client will be kept on file.
Interpreters, bilingual staff and volunteers must demonstrate bilingual proficiency and be trained in the skills and ethics of interpreting. Training on terms relevant to HIV services must be provided.	Resume and documentation of training; certification (when applicable) on file
Clients shall have access to linguistically appropriate educational materials and signage	Programs must provide educational materials and required documentation (consents, grievance procedures, etc.) in the native language of the populations served
Programs will conduct ongoing assessments of cultural and linguistic competence of staff and program	Cultural competence measures developed and maintained into program and staff assessments and evaluations

GENDER AND SEXUAL IDENTITY COMPETENCE

All providers should be involved in a process of training and education that ensures their ability to deliver appropriate services regarding diverse gender and sexual

identity issues relevant to people living with HIV, including Lesbian, Gay, Transgender, Bisexual, Intersexed or Queer-identified individuals. Competency in gender and sexual identity issues should include:

- Respect for and the ability to relate and respond to a client's sexual identity, sexual orientation, and gender identity in an informed and non-judgmental manner.
- Understanding the specific needs of underserved sexual and gender minority groups.
- Understanding the specific needs of women.
- Recognizing and being sensitive to the dominant culture's historic oppression of sexual and gender minorities, and working toward developing a collaborative interaction.
- Considering each client as an individual, not making assumptions based on perceived membership in any gender or sexual identity group.
- Deferring to the client's self-identification and not imposing normative culture values onto the client.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the gender and sexual diversity of the community served	Programs have a written strategy on file
All staff (including administrative staff) will receive ongoing training to build gender and sexual diversity competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Program documents and materials will utilize inclusive language	Documents on file for verification

ACCESSIBILITY OF SERVICES

Providers must demonstrate the capacity to ensure that services are accessible and relevant to all people living with HIV, including linguistic and cultural minorities and people with disabilities.

STANDARD	MEASURE
Agency complies with ADA criteria	Completed form/certification on file
Services are accessible to target population	Site visit to review hours of operation, location, accessibility with public transportation
Services are offered to any person meeting eligibility requirements within	Written eligibility requirements and grievance procedures on file

funding capacity	
Programs incorporate consumer input in design, delivery and evaluation of services	Documentation of consumer advisory board meetings, focus groups and other consumer input mechanisms on file.

OTHER RESOURCES

Professional Organizations:

- **American Consortium of Certified Interpreters**
<http://www.acci-iap.org/>
- **American Translators Association**
<http://www.atanet.org/>
- **California Healthcare Interpreting Association**
<http://www.chia.ws/>
- **Registry of Interpreters for the Deaf**
<http://www.rid.org/>

Other Sites of Interest

- **Directory of National Organizations of and for Deaf and Hard of Hearing People**
<http://clerccenter.gallaudet.edu/infotogo/184.html>
- **National Council for Interpreting in Healthcare** (National code of ethics for healthcare interpreting and soon to complete national standards)
<http://www.NCIHC.org>
- **Office of Minority Health** (National Standards for Cultural and Linguistic Appropriate Services in Healthcare)
<http://www.omhrc.gov/clas/finalcultural1a.htm>

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STAFF/COMMITTEE REPORT

STAFF/CONSULTANT DISCUSSION:

Purpose of these Notes: Each expert panel session requires a complex discussion of both the detail and the larger issues included in the Standard under discussion. These notes attempt to capture the complexity of the discussion in the Language Services Panel, convened on March 16, 2005, as well as the areas where the panel was split and struggled to an incomplete consensus. These are areas ripe for review when the Standards are revisited.

Issues emerging from the discussion:

- 1. Composite nature of this category.** The panel struggled with discussing the Standard because of the inclusion in the category of three very different services; training of healthcare interpreters, translation of documents, and sign language interpretation. There was strong support for considering eliminating the translation and possibly the training elements from the Standard in future revisions and leaving the Standard to apply only to the portion of the service being provided directly to clients.
- 2. Evolving standards for interpretation in the wider community.** Several panel members had been involved in development of standards at the state and/or national levels. There was some frustration with the need to complete the EMA's standard when it is likely that national or state standards will be available in months or next year, and will require, as a result, reconciliation with the Panel's recommendations. There was support for considering early revision of this Standard for that reason.
- 3. Limited baseline skills of healthcare workers referred for Healthcare Interpreter Training.** OAPP staff and other panel members noted that the English and Spanish written and spoken proficiency of staff referred for HIV Interpreter Training Service (HITS) training did not always meet the baseline requirements. The program is designed to take individuals who are already bilingual and increase their skills in medical interpretation; it is not long or intensive enough to increase basic language skills. The panel debated how to write the Standard to acknowledge this difficulty, expressing concern about balancing the right of the patient to have a skilled and knowledgeable interpreter against the desire to encourage and support staff who are trying to increase skills and improve the accessibility of agencies. The panel supported there being standards for entry (as well as graduation) from the HITS program, including a knowledge test.
- 4. Intake for clients receiving sign language interpretation services.** This service is typically provided on a dispatch basis, so that the interpreter meets the client for the first time at a site and time where s/he has an appointment.

This means that there is not generally a logical time for the interpreter to do a separate intake. OAPP staff noted that this situation will be made simpler when electronic data entry reduces the need for each agency to check eligibility separately, but that at this time it is a HRSA requirement and should be done for the interpretation clients.

COMMITTEE ACTION:

- **Issue raised during Public Comment:** It was proposed, and the subcommittee agreed, that literacy be addressed in future versions and/or revisions of the Language Services standard. One of the Commissioners pointed out that the terms "Language Services" were specifically chosen when the new Continuum of Care was developed in order to encompass those services which will help mitigate barriers to access resulting from literacy challenges—in addition to translation and interpretation services. The subcommittee agreed that this issue should be placed in queue for the future and deserves special attention, whether or not resulting services are paid for through Ryan White CARE Act resources or other funding.
- **Issue raised during Public Comment:** In response to a Commissioner's public comment, the subcommittee recommitted itself to diligently ensure that screening for a client's language capacity—whether non-English or English, written or verbal—is an integral part of the intake process.
- **Issue raised post-Review Panel:** The subcommittee recommended that the Commission take action to ensure that the Patients Bill of Rights has been accurately translated into Spanish and is disseminated appropriately.
- **Issue raised post-Review Panel:** As a best practice, the subcommittee also recommended that the administrative agency establish a database that compiles all materials that are/have been translated in order to effectively measure service outcomes and .
- **Issue raised post-Review Panel:** There was lengthy discussion about the language used to indicate common discomfort with the use of minors under 18—whether family members or not—for interpreting services. Most everyone recognized that it is sometimes the only resort when the language is not commonly spoken locally or when other service personnel are occupied. The panel felt strongly about only accessing this option in very rare circumstances, but careful language was selected to indicate that it is sometimes the only option, and a desire not to restrict providers when that is the case. The language finally chosen was " . . . it is preferable that . . ." minors under 18 are not used in this capacity.

LINKAGES AND TOOLS

Exhibit 1 – Sample Intake Form

Exhibit 2 – Sample Consent to Receive Services

Exhibit 3 – Commission Patients' Bill of Rights

INTAKE / REGISTRATION FORM

Name: _____ M I: _____ Sex: _____ Birth date: _____
(Last) (First)

Address : _____

Zip Code: _____ City: _____ State: _____

OK To Send Mail? ☐ Yes / ☐ No County: _____ Effective: _____

Residency Status: _____ Birth Country: _____

Day Phone: _____ Evening Phone: _____

Ok to leave message identifying an AIDS agency? ☐ Day? ☐ Yes / ☐ No ☐ Eve? ☐ Yes / ☐ No

Names of People We Can Talk to or Leave a Message With: _____

Social Security Number: _____ Ethnicity: _____ Language: _____

CLIENT CLASSIFICATION: ☐ AIDS ☐ HIV Symptomatic ☐ HIV Asymptomatic

Referring Agency: _____ By: _____

Service being Referred for: ☐ MENTAL HEALTH ☐ CASE MANAGEMENT ☐ PEER-SELF HELP
☐ HOME HEALTH ☐ TREATMENT ADVOCATE EDUCATION ☐ WOMEN AND FAMILY ☐ PASSPORT TO CARE

Proof of Diagnosis Received? ☐ Yes / ☐ No Medical Informed Consent Received? ☐ Yes / ☐ No

Client Acuity Level: ☐ HIGH ☐ TRANSITIONAL As of: _____

Registered by: _____ Date: _____

Primary HIV Exposure: ☐ Heterosexual ☐ Intravenous (IV) drug use ☐ Men who have sex with men
☐ Other (Please specify): _____

Secondary HIV Exposure: ☐ Heterosexual ☐ Intravenous (IV) drug use ☐ Men who have sex with men
☐ Other (Please specify): _____

IN EMERGENCY, NOTIFY:

Name: _____ Relationship: _____
(Last) (First)

Address: _____

Zip Code: _____ City: _____ State: _____

Day Phone# _____ Evening Phone# _____

Number of Dependent Children: _____

Name 1. _____ Date of Birth: _____ HIV Positive: ☐ Yes / ☐ No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐ Yes / ☐ No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐ Yes / ☐ No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐ Yes / ☐ No

MEDICAL INFORMATION

Physician Name: _____ Phone: _____
(Last) (First)

Address Line 1: _____ Line 2: _____

City: _____ State: _____ Zip Code: _____ Referred On: _____

INSURANCE INFORMATION—Do you currently receive any of the following?

1. Health Insurance: ☐ Yes / ☐ No

If YES Please Complete:

☐ Medi-Cal? ☐ Medicare? ☐ Private Individual? ☐ Group? ☐ HMO: _____

Veteran? ☐ Yes / ☐ No of: _____

2. Income Disability Insurance: ☐ Yes / ☐ No If YES Please Complete:

If YES Please Complete:

☐ SDI? ☐ SSI? ☐ SSD? ☐ Private? ☐ General Relief?

EMPLOYMENT STATUS

☐ Employed Full Time ☐ Employed Part Time ☐ Permanent Medical Disability

☐ Temporary Medical Disability ☐ Not Currently Employed/Reason Other Than Disability

Occupation if employed: _____ Gross Monthly Income: \$ _____

Family Support: ☐ Joint Head of Household ☐ Male Head of Household

☐ Female Head of Household ☐ Non Head of Household ☐ Household Size: _____

Living Arrangements: ☐ Lives Alone ☐ Lives with Spouse or Significant Other ☐ Homeless

☐ Lives with Friends/Roommate ☐ Lives with Unrelated Persons ☐ Lives with Family

Does Client have a Caregiver? ☐ Yes / ☐ No

OTHER SERVICE PROVIDERS YOU ARE PRESENTLY REGISTERED WITH:**OAPP RYAN WHITE CLIENT DEMOGRAPHICS**

Ethnicity: _____ Race: _____ Hispanic ☐ Yes / ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender: Male to Female ☐ Transgender: Female to Male

Current Client HIV Risk Behaviors: ☐ Child of HIV Infected Mother ☐ Declined to State ☐ Exchange Sex
☐ Needle Sharing ☐ No Current Risk Behaviors ☐ Non-Injection Substance Abuse ☐ Unprotected Sex

Sexual Orientation: ☐ Homosexual ☐ Heterosexual ☐ Bisexual

Additional Information Needed:

Deaf/Hard of Hearing ☐ Yes / ☐ No Blind/Partially Sighted? ☐ Yes / ☐ No

Physically Challenged ☐ Yes / ☐ No Severe Mental Illness? ☐ Yes / ☐ No

Client Speaks English ☐ Yes / ☐ No Dependent Children? ☐ Yes / ☐ No

Chemical Dependency? ☐ Yes / ☐ No Pre/Newly Released Prisoner? ☐ Yes / ☐ No

Homeless Status:

HRSA CLIENT LEVEL INFORMATION:

Household Size: _____ Annual Household Income: _____

Primary Source of Medical Insurance: ☐ Medicaid/Medi-Cal ☐ Medicare ☐ No insurance
☐ Other public (e.g., Champus, VA) ☐ Private ☐ Other: _____

Primary Place of Medical Care: ☐ Community Clinic ☐ County Clinic ☐ Emergency Room
☐ HMO (Kaiser, CIGNA, etc.) ☐ Other Private Community-Based Organization ☐ Refused to Answer
☐ Other (describe): _____

Reporting Year: _____

Housing/living Arrangements: ☐ Institution (includes residential, health care, correctional) ☐ Permanent
☐ Non-permanent (includes homeless, transient, or transitional) ☐ Unknown/Unreported

Mental Health

History: ☐ No history ☐ Yes, active history within last 3 months ☐ Unknown
☐ Yes, but not active within the last 3 months

Treatment Status: ☐ Completed treatment ☐ Dropped out of treatment ☐ In treatment
☐ No active treatment or counseling ☐ Pre-treatment process ☐ Refused treatment ☐ Not applicable

Substance Abuse

History: ☐ No history ☐ Yes, active history within last 3 months ☐ Unknown
☐ Yes, but not active within the last 3 months

Treatment Status: ☐ Completed treatment ☐ Dropped out of treatment ☐ In treatment
☐ No active treatment or counseling ☐ Pre-treatment process ☐ Refused treatment ☐ Not applicable

Incarceration History

☐ No history of incarceration ☐ Incarcerated over 2 years ago ☐ Incarcerated within the last 24 months
☐ On Parole ☐ On Probation (Parole/ Probation Officer Name: _____)
Address: _____ Telephone #: _____

If the client was prescribed anti-retroviral therapy, indicate type: ☐ Highly Active Anti-retroviral Therapy (HAART)
☐ None ☐ Other (mono or dual therapy) ☐ Salvage

Please Check all of the medications that were part of the client's HIV treatment

Limit to the current Quarter (Month): ☐ Qtr 1(Jan-Mar) ☐ Qtr 2(Apr-Jun) ☐ Qtr 3(Jul-Sept) ☐ Qtr 4(Oct-Dec)

1.	<input type="checkbox"/> Agenerase (amprenavir)	13.	<input type="checkbox"/> Rescriptor (delavirdine)
2.	<input type="checkbox"/> Combivir (lamivudine/zidovudine)	14.	<input type="checkbox"/> Retrovir (AZT/ZDV/zidovudine)
3.	<input type="checkbox"/> Crixivan (indinavir)	15.	<input type="checkbox"/> Sustiva (Efavirenz)
4.	<input type="checkbox"/> EMTRIVIR (emtricitabine—FTC)	16.	<input type="checkbox"/> Trizivir (abacavir sulfate/lamivudine/zidovudine)
5.	<input type="checkbox"/> Epivir (3TC/lamivudine)	17.	<input type="checkbox"/> Truvada (emtricitabine/ tenofovir disoproxil fumarate)
6.	<input type="checkbox"/> Fortovase (inivirase/saquinavir)	18.	<input type="checkbox"/> Videx/Videx EC (ddI/didanosine/dideoxyinosine)
7.	<input type="checkbox"/> FUZEON (enfuviritide—T-120)	19.	<input type="checkbox"/> Viracept (nelfinavir mesylate))
8.	<input type="checkbox"/> HIVID (ddC/dideoxycytidine)	20.	<input type="checkbox"/> Viramune (nevirapine)
9.	<input type="checkbox"/> Kaletra (lopinavir/ritonavir)	21.	<input type="checkbox"/> Viread (tenofovir disoproxil fumarate)
10.	<input type="checkbox"/> LEXIVA (vertex)	22.	<input type="checkbox"/> Zerit (d4T/stavudine)
11.	<input type="checkbox"/> Norvir (ritonavir)	23.	<input type="checkbox"/> Ziagen (abacavir sulfate)
12.	<input type="checkbox"/> REYATAZ (atazanvir sulfate)	24.	<input type="checkbox"/> Other HIV Meds: _____

List All other Medications:**HRSA CLIENT LEVEL INFORMATION - PREVENTATIVE THERAPY**Did the client receive a TB Skin Test during the reporting year: ☐Yes / ☐NoTreatment due to positive TB Skin Test during the reporting year: ☐Yes / ☐NoWas the client screened/tested for syphilis? ☐Yes / ☐NoWas the client treated for syphilis? ☐Yes / ☐NoWas the client screened/tested for other STI (not syphilis or HIV)? ☐Yes / ☐NoWas the client treated for the STI during the reporting year? ☐Yes / ☐NoWas the client screened/tested for Hepatitis C? ☐Yes / ☐NoTreated for Hepatitis C? ☐Yes / ☐NoDid the client receive a pelvic exam & PAP smear this year (if applicable)? ☐Yes / ☐No ☐N/A**This portion for Female clients:**Was she pregnant at any time during this reporting year: ☐Yes / ☐NoDid she enter care? ☐Yes / ☐NoDid she receive antiretroviral meds to prevent HIV transmission: ☐Yes / ☐No

Number of children born: _____ Number of children born HIV+ _____

HRSA CLIENT LEVEL INFORMATION - AIDS DEFINING CONDITIONS & LAB RESULTS

Diagnosis Check Yes or No if the client was or was not diagnosed with any of these condition during the reporting year.

Mycobacterium Avium Complex?)? ☐Yes / ☐NoMycobacterium Tuberculosis?)? ☐Yes / ☐NoPneumocystis Carinii Pneumonia ?)? ☐Yes / ☐NoCMV Disease?)? ☐Yes / ☐NoToxoplasmosis?)? ☐Yes / ☐NoCervical Cancer?)? ☐Yes / ☐NoOther AIDS-defining condition?)? ☐Yes / ☐No

Indicate other condition: _____

CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
CD4 Count:				
Month Of Test:				
CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
Viral Load:				
Month Of Test:				

AGENCY X and/or *other resources* may be able to help you with the following services. Please check the services you currently need:

CASE MANAGEMENT:

- ☐ Information, Referrals, and Coordination of Services.
- ☐ Public Benefits—Private Health and Income Benefits.
- ☐ Insurance Services—Wills, Power of Attorney, Debtor/Creditor Counseling.
- ☐ Transportation Services—MTA disabled ID, Transportation for Medical Appointments and other Related Services.
- ☐ Food Program Referrals.
- ☐ Housing—Rental Assistance, HOPWA Grants.

HOME HEALTH CARE:

- ☐ RN/Social Worker Case Management.
- ☐ In-Home Mental Health Counseling.
- ☐ Karnofsky Score of 70 or less.

MENTAL HEALTH:

- ☐ Counseling—Individual, Group, Family.
- ☐ Psychiatric—Evaluation/Consultation.
- ☐ Support Groups.

TREATMENT ADVOCACY AND EDUCATION:

- ☐ One-on-One Treatment Education.
- ☐ Education Resources—Medical Updates, Safer Sex Information, etc.
- ☐ Medication Adherence Issues.

PEER SELF HELP:

- ☐ One-on-One Peer Counseling.
- ☐ Peer Lead Support Groups.
- ☐ Community Events and Educational Forums.

WOMEN/FAMILY SUPPORT ADVOCACY:

- ☐ Respite Care (In-Home Child Care).
- ☐ Referral Services for Additional Support.

PASSPORT TO CARE:

- ☐ Substance Use/Abuse Services (SUA) and SUA Referrals
- ☐ SUA Treatment Planning
- ☐ Psycho-Educational Services
- ☐ Holistic Services
- ☐ Addiction Educational Resources

I hereby certify that the information I have provided is true and correct and that I am requesting assistance from **AGENCY X**.

Signature of Applicant

Date

Agency Representative's Signature

Date

CONSENT TO RECEIVE SERVICES

DESCRIPTION OF SERVICES:

AGENCY X provides a comprehensive range of services to HIV/AIDS infected individuals residing or receiving services in the South Central region of Los Angeles. The Case Management, Home Health Care, Mental Health, Treatment Advocacy & Education, Peer-Self Help, Woman/Family Support Advocacy, and Passport To Care Programs work closely with other community agencies, both public and private, to help all participants achieve their individual goals and move toward long term self sufficiency.

All of the programs at **AGENCY X** are designed to provide sensitive and flexible coordination of services and assist HIV/AIDS infected participants in obtaining necessary advocacy and linkage, resources, referrals, HIV education, and emotional support. Services that might be facilitated include, but need not be limited to, those which address medical, nutritional, financial, housing, educational, transportation, and psychosocial needs.

Participation in Programs at **AGENCY X** are voluntary and subject to eligibility requirements.

Consent:

I, _____, am applying to participate in the following programs at
Printed Name of Applicant

AGENCY X:

- ☐ Case Management ☐ Home Health Care ☐ Mental Health ☐ Treatment Advocacy & Education
☐ Peer-Self Help ☐ Woman/Family Support Advocacy ☐ Psychiatric Services

I agree to cooperate with **AGENCY X** staff who will determine my eligibility for the above checked programs and services.

If I am eligible and choose to participate in this program, I understand that:

With the assistance of the staff person in the programs I am enrolled in, I will be an active participant in the process for deciding which services and referrals are needed or beneficial according to my personal situation. I will be notified by the staff person in the programs I am enrolled in of what services I am eligible to receive and any subsequent changes made to these services.

Information from my records will be seen only by staff and consultants of **AGENCY X**, service providers who will be serving me, and as otherwise provided by law.

I understand that participation in the programs at **AGENCY X** is voluntary and I may withdraw from this program at any time.

I will only receive services in the programs I am enrolled in as long as:

- I meet eligibility requirements for this program.
- I am not receiving mental health services from any other HIV/AIDS program funded by the County of Los Angeles Office of AIDS Programs and Policy (OAPP).
- I legally reside in the Los Angeles County.
- Funding for this program is available.
- I do not violate **AGENCY X's** *Client's Rights and Responsibilities*.

I may request a grievance hearing if my application for participation is denied, if I am discharged from the program or if I am dissatisfied with services I receive.

All concerns that I have regarding any of the programs at **AGENCY X** have been fully answered at this time.

If I have additional concerns, I am able to contact the manager of this program at (323)-555-5555.

Signature of Applicant

Date

Agency Representative's Signature

Date

PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services that are culturally and linguistically appropriate, including having full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to any complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. Your agency will ask you to acknowledge receipt of this document.
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. Your physician has the right to accept or refuse your request with an explanation.

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand and information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. The use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct is strictly prohibited.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already know to you if you see them elsewhere.

For More Help or Information

Your first step in getting more information or resolving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

TELEPHONE #